THE REALTIY OF AIDS

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Lighting the way to a brighter tomorrow

One person dies of AIDS every five minutes

Every 13 minutes, another American becomes HIV positive.

More than 1,500,000 Americans are HIV-infected

Photography by Kevin Boyd



If you think AIDS you're dead

AIDS' impact on women

False positives or indeterminant HIV tests are common among women who have been pregnant because the pregnant body has learned not to reject a fetus as a foreign object. After pregnancy, the body loses some of its ability to recognize viral infections, similar to people with immune system disorders.

All women who plan to get pregnant and they think they might be at risk for HIV infection should consider having an HIV test before conceiving. About 30 percent of mothers who are HIV positive pass the infection to their unborn children in the womb.

AIDS has affected women disproportionately because of the political and socioeconomic realities that confront women every day. Women are poorer than men, have inadequate health insurance or none at all and they bear the burden of almost all child

care responsibilities.

Women are often misdiagnosed because it's assumed that they don't become HIV infected or develop AIDS and because many doctors take women's symptoms less seriously than they do those of men.

Very little research has been done on the course of HIV illness in women. For example, HIV illnesses in women may appear as an aggressive yeast or

pelvicinflammatory disease infection or a rapidly eveloping case of cervical cancer. Because of the delay in diagnosing women who have AIDS and the lackof access to health care, for every month a white gay male lives following an AIDS diagnosis, a woman will only live one week.

The majoroty of HIV-positive women in the United States are African-American or Latina. In 1988, black women with AIDS ages 15 to 44 had a death rate nine times that of white women in the same age group with AIDS. Twenty percent of women nationally who are diagnosed with AIDS are Latina, and Hispanic women represent 48 percent of the total number of Hispanic AIDS cases across the country.

Still, most AIDS education programs and educational materials ignore these groups and fail to take into account key issues affecting minorities such as poor health care, unemployment, drug dependency, poverty and violence.

Minorities face similar problems. In the United States, minorities, especially African Americans and Hispanics, are being affected by the virus disproportionately. Blacks make up approximately 12 percent of the population but represent 27 percent of diagnosed AIDS cases. Hispanics

represent 8 percent of the population but make up 16 percent of persons with AIDS, according to the July 1990 Center of Disease Control Prevention newsletter.

Factors contributing to the disproportionate numbers include misinformation, lack of educational programs, poverty, drug use, cultural of language barriers and lack of government support.



What you don't know will kill you

We know the facts about AIDS and HIV. We know how to protect ourselves. Yet people are still taking chances with their lives every day.

The best protection is education — and it needs to start early in life. Waiting until a child is a full-blown teenager is too late. Studies show 54.2 percent of all students in grades 9 through 12 have had sexual intercourse. By twelfth grade, 71.9 percent have had intercourse. The average age for first sexual intercourse is 16.1 for boys and 16.9 for girls.

While abstenance is the recommended protection against AIDS and HIV, condoms are also relatively effective and shelter people not only from the virus, but other sexually transmitted diseases as well. About 86 percent of all sexually transmitted diseases occur in people ages 15 to 29, indicating a lack of condom use in this risk group. Unfortunately, many parents do not know how to talk to their children about condoms or are in denial about their children's sexuality altogether. The spread of HIV is increasing among teenagers: the number of diagnosed teenagers rose 96 percent over the past two years. Half of all new HIV infections occur in people 25 or under.

Many miss the point. Sex is not the point. Your life is. It's not even the risk of becoming pregnant or getting someone pregnant anymore.

And because a person can get HIV or AIDS from shared needles, parents must talk to their children — not just when they're teenagers —

about drug use and the risks involved. More than 44 percent of all seniors in U.S. high schools have used illegal drugs.

The woman's perspective

3.5 million women around the world are HIV positive.
Every day 3,000 more women become infected and 500 die from AIDS.

Difference in tests

Confidential testing

• Test results will be linked to your identity and recorded in your physician's medical file.

• Tests results will not be revealed without your written permission except as required by state law.

Anonymous testing

•Neither your name nor identifying information that could link your results to you are recorded.

• Only you can find out your results.

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This test needs little studying

The AIDS Advisory Committee strongly recommends calling an agency first to check out current status of their HIV testing services prior to getting tested for HIV.

Sacramento County Health Department (Alternative Test Site)

The test is free of charge and is anonymous. Those interested need to schedule an appointment. There is a two-week turnaround to get results.

Planned Parenthood

Check local listings in the White Pages.

Those interested should call the clinics regarding fees. The test is anonymous and confidential; there is pre- and post counseling.

The Effort

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The test is free of charge, anonymous and confidential. Pre- and post counseling is available. The tests are available only by appointment on Mondays and Wednesdays, from 5 to 7:30 p.m.

The Community Clinic of West Sacramento

The test is free of charge, anonymous and and pre- and post-counseling is available. The tests are offered by appointment Mondays through Thursdays, from 6 to 9 p.m. Drop-ins are tested on Fridays from 1 to 5 p.m.

Sacramento Urban Indian Health Project

441-0924

The test is free of charge, confidential and pre- and post-counseling is offered. Those interested should call for an appointment.

Pregnancy Consultation Center

The test is \$47 and is confidential. The tests are only done on Tuesday afternoons.

Preventive care seeks nutritional therapy...

A number of studies have been done on nutrition and AIDS. Nutrition and preventive care have received so much attention that President Clinton has legitimized it in his health care package. The following are just a few of the studies conducted regarding HIV, AIDS and nutrition, courtesy of Kirk Hamilton, publisher of Clinical Pearls, CP Currents and CP News Healthletter in Sacramento:

• A study of 21 HIV patients given 180 mgs per day of beta-carotene showed an average increase in CD4 cells of approximately 17 percent. The results of this study suggest beta-carotene could possibly slow the progression of HIV and delay the onset

 A clinician used 50 to 200 gms per day of vitamin C on more than 90 AIDS patients and found the antioxidant "reduces AIDS to a significant degree." He advocates massive doses of vitamin C to counteract the toxicity of AIDS.

· A study following 296 well-nourished HIV-positive men found that approximately one-third less of the people who took the multivitamin supplements developed AIDS. Daily use of multivitamins was associated with a 40 percent reducation in risk of declining CD4 counts.

...while traditional medicine hikes AIDS care price tag

Though the total national costs of AIDS are less than those of other illnesses, the cost per person is higher. These exorbitant costs are largely due to expensive new drugs such as Procrit, which costs \$200 per week for three 7,000-unit doses.

Drug manufacturers attribute the drugs' high cost to research and development,

but some AIDS activists say that doesn't add up, because the government invests millions of dollars to help develop new lifeprolonging drugs.

Medicaid now funds the health care for 40 percent of the AIDS patients. As medical costs for AIDS continue to increase and insurance companies deny benefits or drop people with AIDS as clients, more and more of those people will be forced to apply for Medicaid. The problem is, most people with AIDS don't live through Medicare's 24-month waiting period, required to qualify for benefits.



Some experts help keep the AIDS stigma alive

- Approximately 40 percent of HIV-positive people had trouble qualifying for group health
- Roughly 30 percent lost insurance coverage due to several factors including not being able to pay the premium, policy cancellation or debt exceeding the payment cap.
- 36.5 percent reported experiencing discrimination when receiving health care. Among the most common complaints were health workers seem too busy to care for them or were afraid of contracting HIV and large "HIV-positive" signs put on their hospital doors.
- Many people with HIV and AIDS have tremendous difficulty obtaining financial assistance for health care, even when they are employed full time.
- Different groups of HIV-positive people or people with AIDS have different needs yet they are usually lumped together under the umbrella "People With AIDS."

Source: National Association of People With AIDS

And the list goes on...

· Between 1981 and 1991, Americans spent \$66 billion on AIDS: \$8.5 billion in personal costs (health care, medication); \$2.3 billion in non-personal costs (research, education, testing); and \$55.5 billion in indirect costs (loss of work output and early death).

•29 percent of AIDS patients have no health insurance.

· Medicaid has become the priminary payer of AIDS health care costs and pays for 90 percent of children with AIDS.

· The average yearly personal expenses of a person with AIDS is \$38,000; being HIV positive costs on average \$10,000.

· The average lifetime cost of care is \$102,000, twice that of a breast cancer patient and five times that of someone with lung can-

Source: The Body Shop.

Setting the facts straightabout AIDS

WhatAIDS

really is...

The first known death from AIDS was that of Dr.
Margrethe P. Rask of Denmark. The first cases of AIDS to pop up in the United States occurred in 1981.
But at that time, the disease was known as Gay-Related Immune

Deficiency — thus leading to the stigmatisim of AIDS.

The Webster's New World Dictionary defines HIV as "a

retrovirus that infects human T cells and causes AIDS." Once infected with HIV, there is a period of time that can last for several years with few, if any, symptoms.

What makes it difficult for researchers to find a vaccine for HIV is the virus' very nature. HIV uses the reverse of the usual process that viruses use to establish themselves in the body. It is extremely tricky — it can change its appearance or hide at any given time.

When an HIVpositive person's immune system begins to fail, his condition is then considered AIDS. Death can result from infections normally easily treated in healthy people. But because AIDS attacks the immune system, the body literally has no defense from these seemingly harmless infections. The most commonly contracted of these illnesses include toxoplasmosis, encephalitis, tuberculosis and pneumonia as well as rare cancers such as Kaposi's sarcoma. AIDS will not stop there, though. More often than not, an AIDS patient will suffer from body

wasting, blindness and

dementia before finally

succumbing to the

disease.

The fact is...

Since the introduction of AIDS in the early 1980s, there have been several claims about how HIV can be transmitted. Many — invented through sheer fear — ultimately discriminated against HIV and AIDS patients, causing an enormous amount of anguish indescribable to the average healthy person. They were considered freaks then. Some claimed those infected were plagued with the virus as a punishment from God. Not much attention was paid to the reality of HIV and AIDS — and its tansmission.

Reality

· Unprotected vagi-

AIDS and HIV can be

transmitted through:

nal, oral or anal sex

with a person who is

· Shared needles or

sryinges used by an

an HIV-positive

mother to her child

during pregnancy or

childbirth. Sometimes

HIV can be transmit-

feeding, though rarely.

ted through breast

HIV-infected person.

• Transmission from

HIV positive.

Fairy Tales

AIDS and HIV cannnot be transmitted through:

- Handshakes
- · Hugs and kisses
- Coughs or sneezes
- Sweat or tears
- Mosquitos
- Eating food prepared by someone else
- Being around an infected person
- Swimming pools
- Toilet seats
- Phones, computers
- Drinking fountains
- •Straws, cups or utensils

What Sacramento State offers in AIDS education

The Sacramento State AIDS Advisory Committe is an avenue available to students, faculty and staff seeking information about HIV and AIDS.

Those on the committee this year include George Anastas, Laurie Bisset-Grady, Louis Camera, Akbar Davami, Kathleen Hall, Laurel Heffernan, Joseph Heller, Alan Hinderstein, Barbara Liberty-Vick, Stephanie Lieberman, Tom Phelps, Shirley Rakestraw, Melinda Seid, Barbara Torres-Yeiano,

Mary Valtierra, Marlene Von-Friedrichs-Fitzwater, Annita Watson and George Wayne. The five students on the committee include Kerry Barba, Sue Callahan, Terry Coemen, Cherie Ehrler and Jennifer Garst.

The committee came into being 1987, and is responsible for reviewing and updating the university's HIV/AIDS policy annually.

An excerpt from the Sacramento State Policy on HIV/AIDS

General Policy

• Sacramento State advisory committee plans educational programs and develops procedures addressing campus issues related to HIV and persons who are HIV positive, have HIV or AIDS. The committee is broadly representative of the campus community and has access to resources enabling it to address the medical, personal, administrative, personnel and legal issues associated with the disease. Where appropriate and necessary, procedures developed are consistent with provisions specified in collective bargaining agreements for employees duly covered.

• Under the auspices of the dean of Student Affairs and the dean of Faculty and Staff Affairs, a comprehensive AIDS/HIV education program for students and employees is maintained. The implementation of an effective program, based on current medical evidence, provides the best way to inform people and dispel fears which may exist in our academic and professional environment.

•The university must analyze the individual circumstances and respond to persons who are HIV positive, have HIV or AIDS on a case-by-

case basis. Flexibility is necessary in order to evaluate each case based upon the person's ability to function, the needs of the campus community and the legal obligations involved. The committee must respond to requests for consultation on a case-by-case basis to ensure consistent and reasonable analyses and recommendations for persons who are HIV positive, have HIV or AIDS.

Guidelines

•Students and employees who have tested HIV positive, have HIV or AIDS must be afforded normal classroom attendance, working conditions and participation in co-curricular and extracurricular activities in an unrestricted manner as long as they are physically and psychologically able to do so, according to their personal physician.

 Sacramento State must provide reasonable accomodation to employees and students who are HIV positive, have HIV or AIDS in a manner consistent with those provided for other medical problems.

 Students and employees who have tested positive for HIV, have HIV or AIDS must be given assistance consistent with other illnesses in obtaining appropriate medical care, education and accomidations.

•All medical records are confidential and information will not be released without the person's written permission except otherwise provided by law.

•Programs requiring screening of students and employees to determine their HIV and AIDS status cannot be implemented.

•Consideration of the existence of a positive HIV test, HIV or AIDS will not be part of the admission decision for prospective students, or employment decisions for prospective or current employees.

The AIDS epidemic is an emergency, but society is responding as if it were not."

— Dr. Lars O. Kallings, Ninth International AIDS Conference

New York Times, June 15, 1993

Is there any hope in sight?

Researchers continue search for vaccine

ST. LOUIS (AP) — Researchers at St. Louis University say a potential AIDS vaccine they are studying produced antibodies that killed a laboratory strain of HIV. And, they say the vaccine appears to cause no major side effects.

Results of the study, conducted by the school's AIDS Vaccine Evaluation Unit, appear in the December issue of the Journal of Infectious Diseases.

"The results are encouraging," Robert B. Belshe, who headed the study, said. "There are several significant findings. One is the vaccine's safety. Two, the vaccine induced antibodies that killed a laboratory strain of HIV. We don't know if this means that the vaccine will work against a 'real world' strain of HIV, but we're on the right track."

The vaccine, gp160, is genetically engineered to create a synthetic protein that mimics one protein of HIV. When the vaccine is injected into the body, it triggers production of antibodies, stimulating the immune system into mounting a defense against HIV.

Because gp160 is synthetic, it is impossible to contract HIV or AIDS from the vaccine, researchers said. Sixty volunteers participated in the year-long study. Gp160, manufactured by Immuno AG of Vienna, Austria, is one of 10 AIDS vaccines being studied by St. Louis University. Belshe said the vaccine may also prevent HIV by priming the body's immune system to recognize and attack the virus in the future.

'Tis the season...

The Christmas season is the perfect opportunity to give your time, money, food, etc to a worthy cause such as the fight against AIDS and HIV.

You can do your part:

• Order a "Miracles Happen" Christmas
Tree ornament. Last year, more than 26,000 ornaments were sold, raising almost \$80,000 for AIDS research. To purchase ornaments this year, call 800-457-2642 for the store nearest you. The ornaments are \$9.95 each and \$3 of each sale goes to research.

• Contribute to a memorial. The AIDS Advisory Committee is planning to memorialize those Sacramento State faculty, staff and students who have died of AIDS. The memorial is still in the planning stages and the committee is asking the campus community for input and advice. Contact Chairwoman Laurie Bisset-Grady, 278-5422, or committee member Joe Heller, 278-5694 for more inforamtion.

 Send your holiday cards and letters with the new "AIDS awareness" stamp. The stamp features the red ribbon that symbolizes the fight against AIDS. Contact your local post office for details.

• Write your local congress representative to demand a local AIDS hospice be built to fill the void left by Hope House's closure. The unlicensed Hope House, an affiliate of Loaves and Fishes, will close soon.

 Call the Sacramento AIDS Foundation at 448-2437 and ask how you can donate your time or what products are needed.

The World
Health Organization estimates
13 million
people worldwide are infected with HIV.

Where to go for support

Loved Ones

443-3299

Sponsored by CARES

Contact Sandra Keene

Its target audience is those who are interested in sharing and information. It focuses on grief, loss, caregiving and transitions for caregivers and loved ones.

Mother's Peer Support Group

646-6122, contact Frances Wright or

944-4987, contact Jean Artman

Peer support for mothers who have lost someone with AIDS or have children with AIDS or HIV.

Positive Alternatives

447-3191

This is a networking group providing information on herbs, vitamin supplementation and experimental drugs in relation to HIV.

Positive Group

444-6294

contact Vicki Anderson

Support group for HIV-positive drug users and their significant others.

Information appearing in this pull out provided by the Body Shop, Laurie Bisset-Grady and Kirk Hamilton.